

THE PUBLIC'S HEALTH

Newsletter for Medical Professionals in Los Angeles County

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May 2007

West Nile Virus 2007

Vector surveillance efforts show that West Nile virus (WNV) remains endemic in Southern California and vector control agencies have already detected positive dead birds and mosquito pools throughout the state of California this year. Given these warning signals, public health experts predict new cases of human WNV infection will certainly occur in 2007.

WNV made its first appearance in the county in 2003 by detection of WNV-infected dead crows, sentinel chickens, mosquito pools and one confirmed case of West Nile fever in a Los Angeles County resident. The virus came back strong the following year; there were 309 WNV infections including 14 deaths reported in Los Angeles County in 2004 — the most of any jurisdiction in California. The following years presented a markedly different picture. In 2005, the county reported 43 infections and no deaths. The dramatic decline continued in 2006, during which only 16 cases and no deaths were reported.

For more information about WNV:

www.lapublichealth.org/acd/VectorWestNile.htm
www.cdc.gov/ncidod/dvbid/westnile/index.htm

WNV printed information is available in 9 languages (English, Cambodian, Armenian, Russian, Spanish, Vietnamese, Chinese, Korean, and Farsi) by calling Acute Communicable Disease Control at 213-240-7941.

Simply spending time outdoors increases the risk of WNV infection for most persons. Those over 50 years of age are at higher risk for developing neuroinvasive disease (meningitis, encephalitis, or acute flaccid paralysis), disability, or death if infected. Therefore, healthcare providers should remain vigilant for symptoms in their patients consistent with WNV infection. It is critical that providers be aware of proper diagnostic procedures, understand the importance of prompt reporting, and educate their patients to protect themselves against infection.

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Face to Face with Hormone Therapy: Discussing risks and benefits

In the past, hormone therapy had been widely prescribed to postmenopausal women as a preventive measure against manifestations of aging. The results of the Women's Health Initiative (WHI)¹, published in 2002, not only presented new risks associated with hormone therapy use, but also new questions for prescribing physicians.

In this article, we introduce recent data pertaining to hormone therapy and the implications of its use on the risk for cardiovascular disease, osteoporosis, and cancer in postmenopausal women.

Hormone Therapy and Cardiovascular Disease

As the first randomized control study conducted for the specific objective of observing the effects of hormone therapy (HT) in postmenopausal women, the WHI represents some of the highest quality data available on the consequences of HT use on cardiovascular disease occurrence. The study, consisting of 16,608 women with an average age of 63 years, demonstrated a hazard ratio of 1.22 (nominal 95% CI 1.09-1.36) for cardiovascular diseases, including coronary heart disease (CHD), stroke and venous thromboembolism (VTE) after a duration of

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THE PUBLIC'S HEALTH



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five to six years of use.¹ The study estimated a 24% increase in the incidence of CHD among combined HT users²; however results of the parallel study conducted on postmenopausal women using estrogen alone showed that the occurrence of CHD did not differ between the treated group and the control group after seven years of use.³

The WHI confirmed that the occurrence of stroke and VTE are also correlated with HT use. The estrogen plus progestin recipients of the WHI demonstrated a 31% increased risk of stroke incidence⁴ and they had twice the risk of developing VTE compared to the placebo group. More significant was the direct relationship of the risk for VTE and age; the hazard ratio for women aged 60 to 69 years was 4.28 (95% CI 2.38-7.72) and it increased to 7.46 (95% CI 4.32-14.38) for women 70 to 79 years.⁵

Hormone Therapy and Osteoporosis

The decrease in estrogen levels that accompany menopause directly increase a postmenopausal woman's risk of osteoporosis. Research demonstrates that HT positively influences bone density and reduces the risk of fractures. The WHI showed that in the estrogen-progestin arm of the study, hip fracture risk was reduced by 33%, vertebral fracture risk by 35%, and total fracture risk by 24%.⁶ A meta-analysis of 22 trials conducted by the U.S. Preventive Services Task Force (USPSTF) demonstrates a 27% reduction of non-vertebral fractures in women receiving estrogen therapy. The USPSTF states that a good-quality body of evidence indicates that HT is effective in increasing bone density and decreasing fracture risk.⁷ However, due to the risks of prolonged use and safer alternative medications, HT is no longer the first line of therapy for the prevention or treatment of osteoporosis in postmenopausal women.

Hormone Therapy and Cancers

The risk of developing breast cancer continues to be a major concern for HT users. The WHI indicates that the risk of developing invasive breast cancer in postmenopausal women taking combined estrogen plus progestin increases by 24% after five years of use in comparison to placebo.⁸ The Million Women Study conducted in the U.K., a multi-center, population based prospective cohort study of women from the United Kingdom aged 50-64 years showed an increased risk for breast cancer in users of combined estrogen-progestin with a relative risk of 2.0 (nominal 95% CI, 1.88-2.12) also after five years of use.⁹ In contrast, the estrogen-only arm of the WHI demonstrated no increased risk in breast cancer development after 7.1 years of use; in fact it found a 20% reduction in risk.¹⁰ This finding remains to be explained by experts.

One of the benefits of HT use may be a reduction in the risk for colorectal cancer. The WHI indicated that after short-term use of combined hormone therapy, the risk of colorectal cancer decreased by 44%.¹¹ Similarly, a meta-analysis conducted by the USPSTF concluded that previous estrogen-progestin and estrogen-alone users compared to non-previous users experienced a decrease of 20% in colon cancer and a decrease of 19% in rectal cancer.⁷

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Disease reporting: Key to prevention and mandated by state law

In 2007, the public health department will continue to conduct surveillance for human WNV infection—tracking West Nile fever, neuroinvasive disease, and asymptomatic blood donors. Studies have indicated West Nile fever is not as mild as first thought and effects of WNV infection can linger for weeks to months. Timely identification of disease assists in prevention of subsequent cases because the department communicates this information to local mosquito abatement districts that provide targeted mosquito control and prevention efforts. Case information also guides the department in providing targeted health education via the news media and organizations to communities at higher risk.

WNV infection was added to the list of reportable diseases in July 2004 by authority of the Health Officer under California Code of Regulations, Title 17, Sections 2503 and 2505. **Physicians and laboratories are required to report all positive laboratory findings of WNV to the Department of Public Health within one (1) working day.** A standard Confidential Morbidity Report (CMR) can be used to report suspected cases; the CMR may be faxed to Morbidity Unit at 1-888-397-3778 or called in during normal business hours to 1-888-397-3993.

All cases of acute encephalitis and meningitis (including those with viral, bacterial, fungal, or parasitic etiologies) are also reportable under the current California Code of Regulations (Section 2500) to LAC DPH within 1 working day by telephone.

Public Health Laboratory Confirmation Not Required

Specimens positive for acute WNV infection in commercial labs do not require confirmation by the Public Health Laboratory to meet the WNV case definition since an excellent correlation was found between WNV positive tests in commercial labs and subsequent confirmation in reference public health laboratories. The Public Health Laboratory remains available for initial specimen testing and confirmation of ambiguous results (see **Diagnostic Testing Guidelines for West Nile Virus**). It is recommended patients not have WNV screening tests performed unless they have signs or symptoms compatible with West Nile fever (e.g., headache, fever, muscle pain, rash lasting more than three days), aseptic meningitis, encephalitis, or acute flaccid paralysis.

Public Health Laboratory: Diagnostic Testing Guidelines for WNV

WNV testing is recommended and available at the laboratory for individuals with the following signs or symptoms:

- a. Encephalitis
- b. Aseptic meningitis (individuals 18 years of age or older)
- c. Acute flaccid paralysis or atypical Guillain-Barré syndrome
- d. Febrile illness compatible with West Nile fever syndrome:
 - Case must be evaluated by a healthcare provider.
 - Symptoms associated with West Nile fever syndrome can be variable and often include headache, fever ($\geq 38^{\circ}\text{C}$), and muscle weakness, rash, swollen lymph nodes, eye pain, nausea or vomiting.

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WNV Prevention: Property, Protection, and Products

Prevention is your best protection against mosquitoes infected with the WNV.

- Eliminate standing water on your property; this is where mosquitoes breed. Drain pots, unclog gutters, keep swimming pools, wading pools, fountains, etc., clean and chlorinated or drained and covered.
- Make sure door and window screens are in good condition to keep mosquitoes out.
- When you are outdoors, use an insect repellent containing DEET or picaridin (both equally effective), or oil of lemon eucalyptus (not as long-lasting). *Always* follow product directions. Updated information (from April 18, 2006) on mosquito repellants is available at: www.cdc.gov/ncidod/dvbid/westnile/resources/uprepinfo.pdf

For WNV prevention information visit:
www.cdc.gov/ncidod/dvbid/westnile/prevention_info.htm

West Nile Virus 2007...Continued from page 3

Instructions for sending specimens:

REQUIRED

- **Acute Serum:** 5-10 ml of blood obtained at least 7 days after symptom onset in red top tube, spun, separated, and refrigerated.
- **Convalescent Serum:** only if West Nile infection is highly suspected and acute serum is negative, ≥ 5 ml of blood collected 3-5 days after the acute serum
- **Cerebral Spinal Fluid:** 1-2 cc stored frozen.

- Each specimen should be labeled with date of collection, specimen type, and patient name.
- Specimens should be sent on cold pack using an overnight courier.
- The Los Angeles County Public Health Laboratory requisition form is recommended. The form is available at: <http://lapublichealth.org/lab/index.htm>.

Send specimens and lab slips to:

LA County Public Health Laboratory, Serology Section
12750 Erickson Ave.
Downey, CA 90242
Phone: 562-658-1300
FAX: 213-482-4856

Reporting Dead Birds Still Needed

Since sick or dead birds are an excellent indicator of the local presence of WNV, reports are needed to guide infection control and surveillance efforts. Although not all birds will be collected, phone reports are important.

Report all dead birds to:

Los Angeles County Veterinary Public Health
1-877-747-2243
Or
California Department of Health Services
1-877-WNV-BIRD

NOTE: Routine contact with birds (alive or dead) or other animals cannot transmit WNV to humans. Dead birds can be safely disposed of by using gloves or a plastic bag to place the carcass into the garbage.

For questions or complaints about mosquitoes...

The Department of Public Health is responsible for monitoring and addressing human health problems in our county, but is not directly involved with mosquito control activities. This important action is under the control of the county's five independent mosquito control (abatement) districts. For questions about WNV and mosquito control contact your respective health departments.

Los Angeles County Mosquito Abatement Districts:

- | | |
|---|----------------|
| • Antelope Valley Mosquito and Vector Control District | (661) 942-2917 |
| • Compton Creek Mosquito Abatement District | (310) 639-7375 |
| • Greater Los Angeles County Vector Control District | (562) 944-9656 |
| • Los Angeles County West Vector Control District | (310) 915-7370 |
| • San Gabriel Valley Mosquito and Vector Control District | (626) 814-9466 |

Neighboring Health Departments:

- | | |
|-------------------------|----------------|
| • City of Long Beach | (562) 570-4132 |
| • City of Pasadena | (626) 744-4000 |
| • Orange County | (714) 834-8180 |
| • Ventura County | (805) 981-5101 |
| • Riverside County | (951) 358-5107 |
| • San Bernardino County | (909) 387-6280 |

Most Dog Bites Preventable!

Most animal bites reported to the county health officer involve dogs. There are more than 60 million pet dogs in the U.S.; half of all bites are inflicted by the family dog.

Dog bites are a serious public health problem that inflicts considerable physical and emotional damage on victims. The insurance industry estimates it pays more than \$1 billion a year in homeowners' liability claims resulting from dog bites. Hospital expenses for dog bite-related emergency visits are estimated at \$100 million annually.

Dog bites can result in criminal and civil liability for pet owners. Homeowners may be shocked to receive a letter from their homeowners insurance company informing them their coverage was dropped because of their dog. Insurance companies say dog bite injuries account for more than one-third of all liability claims against homeowners insurance.

Health professionals play key role in prevention

Dogs have shared their lives with humans for more than 12,000 years; that coexistence has contributed substantially to humans' quality of life. Dog bites are a largely preventable public health problem, and adults and children can learn to reduce their chances of being bitten.

Dog Bites

- Dogs are members of the family in industrialized countries. In Europe, it is estimated that one family in three owns a dog as a family pet.
- Children are at least 3 to 5 times more likely to experience dog bites than adults, and are the most common victims of serious dog bites. Seventy percent of fatal dog attacks and more than half of bite wounds requiring medical attention involve children.
- People over 70 years of age comprise 10% of those bitten and 20% of those killed.
- Every 40 seconds, someone in the U.S. seeks medical attention for a dog bite-related injury.
- In the U.S., more than half of dog bites occur at home and about one-third in a public place. Most biting dogs have owners and are not strays. The victim is often the owner or a friend of the owner.

Customarily, when confronted with patients seeking care for dog bites, physicians and nurses have confined their roles to providing medical treatment. However, in addition to treating dog bites and their complications, healthcare providers have critical roles to play in reducing dog bite injuries. Taking advantage of teachable moments should be considered part of curative care.

The American College of Emergency Physicians advises to never leave young children unattended with animals. Visit their website at: <http://www.acep.org/webportal/PatientsConsumers/HealthSubjectsByTopic/AnimalBites/default.htm>.

Education is vital

Education is the key to reducing dog bites. When a patient is being treated for a bite, the opportunity exists to prevent future

injury by teaching bite-avoidance strategies and promote safety around dogs.

Teach Children Basic Safety Around Dogs

- Remain motionless (e.g., "be still like a tree") when approached by an unfamiliar dog. Do not run from a dog and scream.
- If knocked over by a dog, roll into a ball and lie still (e.g., "be still like a log").
- Do not play with a dog unless supervised by an adult.
- Immediately report stray dogs or dogs displaying unusual behavior to an adult.
- Avoid direct eye contact with a dog.
- Do not disturb a dog that is sleeping, eating, or caring for puppies.
- Do not pet a dog without allowing it to see and sniff you first.

Source: <http://lapublichealth.org/vet/dogattk.htm>

Intact males tend to be the aggressors

Sex differences do emerge from data on various types of aggression. Intact male dogs represented 80% of dogs presented to veterinary behaviorists for dominance aggression, which is the most commonly diagnosed type of aggression. Intact males are also involved in 70 to 76% of reported dog bite incidents. Neutered dogs are three times less likely to bite.

California law requires that all dogs over the age of four months be licensed as a rabies control measure. In the county, neutered or castrated dogs cost less to license.

Reporting animal bites

Animal bites are required to be reported to the health officer as part of mandated rabies control. This can be done online (<https://abweb.lapublichealth.org/phcommon/public/bite/biteaddform.cfm?ou=ph&unit=veter&prog=dcpr>), fax (562) 401-7112, or by telephone (877) 747-2243.

Bites from wild animals are less common; however they are more dangerous because of the threat of rabies. For example, in 2001, 7,437 cases of rabies in animals (mostly wildlife) and no human cases were reported to CDC. The last diagnosed case of human rabies in Los Angeles County was in 2005. About one rabid animal a month is diagnosed in the county.

National Dog Bite Prevention Week in May

Every spring, the U.S. Postal Service, CDC, and other agencies call attention to what continues to be one of the nation's most commonly reported public health problems: dog bites. The annual number of dog attacks exceeds the reported instances of measles, whooping cough, and mumps, combined. In addition, dog bite victims account for up to 5% of emergency room visits.

C. Patrick Ryan, D.V.M., M.P.H.
Veterinary Public Health and Rabies Control

May is Hepatitis B Awareness Month

Timely Reporting Will Stop Perinatal Transmission of Hepatitis B

Nationally only 50% of expected births to HBsAg-positive women are identified and reported to local health agencies (CDC 2004). Therefore, only half of infants perinatally exposed to hepatitis B receive case-management services required to ensure timely delivery of post-exposure immunoprophylaxis.

According to the California Department of Health Services, there were an estimated 4,382 births to hepatitis B infected (HBsAg-positive) women in California in 2004, but only 58% of these expected births were reported to the State. Los Angeles County had a higher rate of reporting at 71% (741 of the estimated 1,040 births to HBsAg-positive women) in 2004.

Reporting increases the likelihood that perinatally HBV-exposed infants and their families will receive needed prophylaxis, immunizations, and follow-up. Once notified, the county's Perinatal Hepatitis B Prevention Program's case managers work with the healthcare provider, delivery hospital, and family to ensure the infant receives immunoprophylaxis at birth, completes hepatitis B immunizations on time and receives post-vaccination serological screening to verify immunity. The case manager provides the pregnant woman with linguistically and culturally appropriate health education on hepatitis B, its transmission, and prevention. The case manager also ensures that household members are referred for serological screening and immunization, if susceptible.

Screening during pregnancy

All women need to be screened for HBsAg during pregnancy. Both healthcare providers and laboratories are required by California law to report positives to the local health department (all positives, not just pregnant women). Unfortunately, in Los Angeles County, many prenatal care providers do not report the positive-HBsAg laboratory results on their patients to the health department, resulting in significant delay in the recognition of the infants susceptible to infection at birth. This delay may result in the infant not receiving timely immunoprophylaxis against hepatitis B. A new report

According to the California Department of Health Services, there were an estimated 4,382 births to hepatitis B infected (HBsAg-positive) women in California in 2004, but only 58% of these expected births were reported to the State.

should be made by prenatal healthcare providers with each pregnancy in women known to be HBsAg-positive.

Confidential Morbidity Report forms can be obtained from any health center registrar, from the Morbidity Central Reporting Unit (888-397-3993) or from the department at: www.lapublichealth.org/acd/reports/acdcmr.pdf.

Hospitals should report births to HBsAg-positive women directly to the county's Immunization Program. Hospitals and birth centers can obtain the Hospital Report-Perinatal Hepatitis B reporting form by calling 213-351-7400 or at <http://lapublichealth.org/ip/perinatalhepB/index.htm>. The completed Hospital Report-Perinatal Hepatitis B reporting form should be mailed or faxed to PHBPP (Los Angeles County Immunization Program, PHBPP, 3530 Wilshire Blvd., Suite 700, Los Angeles, CA 90010; fax, [213] 351-2781).

Bridget Beeman, RN, MPH
Immunization Program

Hormone Therapy...Continued from page 2

Menopausal women with a uterus using estrogen only are at an increased risk of developing endometrial cancer and hence are given progestin with the estrogen for protection. The WHI revealed a hazard ratio of 0.83 (nominal 95% CI, 0.47-1.47) for endometrial cancer among combined HT users with an intact uterus indicating no increased incidence during the first five years of use.¹

Conclusion

Upon reviewing recent findings on HT use, it is important to note that this form of therapy poses several risks on various aspects of postmenopausal women's health. The benefits of HT such as a reduction in risk for fractures and colorectal cancer do not outweigh the

harms which include increased risk of stroke, VTE, CHD and breast cancer. As shown by the WHI, the risk of breast cancer increased as the duration of combined HT use increased indicating that prolonged therapy should not be recommended.¹ Hence, in order to avoid the harmful effects of HT, universal recommendations state that physicians should prescribe the lowest dose for the shortest duration possible for the treatment of menopausal symptoms only. Most importantly, informed decision-making is required, with each women understanding and accepting her individual risks and benefits of HT before initiating treatment.

Karen Kayekjian, Rita Singhal, M.D., M.P.H.
Office of Women's Health

Table: Hazard Ratios for Key Outcomes in the Women's Health Initiative

Clinical Event	Hazard Ratio, 95 percent confidence interval	
	WHI Estrogen + Progestin ^{1,2,4,5,6,8,11}	WHI Estrogen alone ^{3,10,12,13}
CHD	1.24 (1.00-1.54)	0.95 (0.79-1.16)
Stroke	1.31 (1.02-1.68)	1.37 (1.09-1.73)
VTE	2.06(1.57-2.70)	1.33(0.99-1.79)
Breast cancer	1.24 (1.01-1.54)	0.80 (0.62-1.04)
Colon cancer	0.56 (0.38-0.81)	1.08 (0.75-1.55)
Total fracture	0.76(0.69-0.83)	0.70(0.63-0.79)
Death	0.98 (0.82-1.18)	1.04 (0.88-1.22)
Global Index*	1.15 (1.03-1.28)	1.01 (0.91-1.12)

Abbreviations: CHD, coronary heart disease; VTE, venous thromboembolism; WHI, Women's Health Initiative.

*The global index was composed of the first occurrence of any of the events listed in the table.

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May 20 - 26 is National Dog Bite Prevention Week

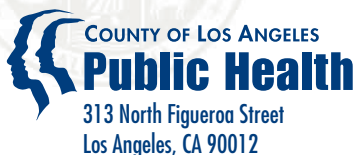
The annual number of dog attacks exceeds the reported instances of measles, whooping cough, and mumps, combined. In addition, dog bite victims account for up to 5% of emergency room visits.

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THE PUBLIC'S HEALTH

Newsletter for Medical Professionals in Los Angeles County



Selected Reportable Diseases (Cases)¹ — December 2006

Disease	THIS PERIOD DECEMBER 2006	SAME PERIOD LAST YEAR DECEMBER 2005	YEAR TO DATE –DEC		YEAR END TOTALS		
			2006	2005	2005	2004	2003
AIDS ¹	168	104	1,417	1,516	1,516	2,210	2,443
Amebiasis	11	12	94	114	114	114	121
Campylobacteriosis	48	33	775	725	725	884	1,100
Chlamydial Infections	3,367	2,912	44,113	38,862	38,862	38,464	36,900
Encephalitis	0	3	42	57	57	133	38
Gonorrhea	800	851	11,175	10,494	10,494	9,696	8,078
Hepatitis Type A	10	78	359	480	480	321	374
Hepatitis Type B, acute	3	2	60	57	57	72	73
Hepatitis Type C, acute	0	0	4	3	3	5	0
Measles	0	0	1	0	0	1	0
Meningitis, viral/aseptic	23	31	370	515	515	807	899
Meningococcal Infect.	1	5	46	37	37	28	32
Mumps	1	1	10	10	10	2	10
NGU	34	66	761	1101	1,101	1,470	1,410
Pertussis	7	22	147	438	438	156	130
Rubella	0	0	0	1	1	0	0
Salmonellosis	81	62	1,216	1,085	1,085	1,205	995
Shigellosis	23	26	521	710	710	625	669
Syphilis (prim. and sec.)	61	62	761	644	644	470	468
Syphilis early latent	47	47	769	570	570	395	388
Tuberculosis	225	206	883	902	906	930	949
Typhoid fever, Acute	0	0	17	12	12	13	16

1. Case totals are provisional and may vary following periodic updates of the database.